

Dear NHSC Scholarship Recipient:

Congratulations! You will soon be ready to deliver quality health care to needy communities as a fully trained health care clinician. As a National Health Service Corps (NHSC) scholar, we request that you complete the enclosed survey and submit a current curriculum vitae (CV). Both documents should focus on your attributes, special skills or training you possess for providing primary care to underserved populations throughout the United States.

We are aware that you are currently very busy in your training and we have made some major changes in order to get the information to you in a timely manner.

We will provide updated information concerning the placement process on a **PLACEMENT - LISTSERV** dedicated solely to scholars in the 2003 placement cycle. **Please register as soon as possible by following the attached instructions for subscribing.**

The In Service Support Branch (ISSB) has dedicated “phone pals” assigned to each discipline/specialty to handle issues related to your placement. Please note our toll free number is **1-877-605-5349**. For questions concerning the health professional shortage area NHSC Approved Practice List, please direct them to the Site Identification and Application at (301) 594-4165.

Please complete the enclosed Professional Training and Information Questionnaire (PTIQ) and forward it to us along with a current CV which emphasizes your primary care skills in the envelope provided.

Should you have any questions or concerns about this process, please direct them to your phone pal on the enclosed list.

Thank you in advance for your cooperation.

Sincerely yours,

Ellen J. King, APRN, BC
Chief, In Service Support Branch
National Health Service Corps

Enclosures

TITLE: Professional Training and Information
Questionnaire
AGENCY FORM NUMBERS (S): None
ACTION: Approved
OMB NO.: 0915-0208
EXPIRATION DATE: 09/30/2002

**NATIONAL HEALTH SERVICE CORPS
YEAR 2003 PROFESSIONAL TRAINING AND INFORMATION QUESTIONNAIRE (PTIQ)
SITE SELECTION AND ASSIGNMENT FOR NURSE PRACTITIONERS, PHYSICIAN
ASSISTANTS, AND CERTIFIED NURSE-MIDWIVES**

The National Health Service Corps (NHSC), In-Service Support Branch, initiates contact with scholars entering the site selection phase. The information you provide will assist us in the site selection and assignment process.

Please print or type

NAME: _____ SSN: _____
Last First Middle Initial

MAILING ADDRESS: _____
Street Apt.#

City State Zip Code

E-MAIL: _____

HOME PHONE: _____ WORK PHONE: _____ PAGER: _____

DEGREE/CERTIFICATE: _____ DATE RECEIVED/EXPECTED: _____

WHEN WILL YOU COMPLETE YOUR TRAINING? _____

ARE YOU PRESENTLY HOLDING A PERMANENT LICENSE, REGISTRATION OR
CERTIFICATION? Yes _____ No _____

IF YES, PLEASE IDENTIFY WHICH: _____

IN WHAT STATE(S): _____

PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0208. Public reporting burden for the applicant for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments

PAGE 2 - PROFESSIONAL TRAINING AND INFORMATION QUESTIONNAIRE

INDICATE BELOW THE EXAMINATION(S) THAT YOU HAVE TAKEN AND PASSED, OR THAT YOU PLAN TO TAKE AND THE STATE OF LICENSOR.

EXAMINATION(S)	PLAN TO TAKE MO. AND YR.	PASSED MO. AND YR.	STATE OF LICENSOR
Nurse Practitioner	_____	_____	_____
Physician Assistant	_____	_____	_____
Certified Nurse-Midwife	_____	_____	_____

NUMBER OF YEARS OBLIGATED: _____

IN WHAT LANGUAGE(S), IN ADDITION TO ENGLISH, ARE YOU PROFICIENT? PLEASE INDICATE THE LEVEL OF PROFICIENCY FOR EACH LANGUAGE.

1 - Elementary Proficiency: Ability to maintain limited face-to-face conversation and to comprehend/read, simple printed material.

2 - General Professional Proficiency: Ability to speak and participate effectively in most formal and informal conversations on professional, practical and social topics; comprehend a variety of materials on unfamiliar topics such as: major medical periodicals, routine correspondence, and general reports.

3 - Functionally Native Proficiency: Reading/verbal proficiency functionally equivalent to that of a well-educated, native reader or speaker.

	1	2	3
_____	_____	_____	_____
_____	_____	_____	_____

IF NONE, ARE YOU WILLING TO LEARN ANOTHER LANGUAGE(S)?

Yes _____ No _____

NHSC SITE SELECTION AND ASSIGNMENT: To fulfill the NHSC service commitment, scholars must serve in approved vacancies in areas designated as health professional shortage areas (HPSAs), that have been specifically approved by the NHSC as HPSAs of greatest need. These vacancies are identified on the NHSC Approved Practice List.

Scholars that have not matched to a vacancy by the designated deadline will be site assigned based on the NHSC's targeted communities with the greatest needs. In order to assist the NHSC in making these site assignments, please answer the following questions.

IN WHICH SETTING WOULD YOU BE MORE COMFORTABLE?

Urban _____ Rural _____ No Difference _____

PAGE 3 - PROFESSIONAL TRAINING AND INFORMATION QUESTIONNAIRE

PLEASE PRIORITIZE YOUR ASSIGNMENT PREFERENCES TO THE FOLLOWING PROGRAMS.
(1-MOST TO 4-LEAST)

_____ National Health Service Corps

_____ Indian Health Service

_____ Bureau of Prisons

_____ Immigration Health Services

PLEASE RANK THE MOST IMPORTANT PROFESSIONAL ISSUES CONCERNING YOUR
PLACEMENT. (1-MOST TO 6-LEAST)

_____ Altruism (Caring for Needy Patients)

_____ Clinical Autonomy

_____ Pay

_____ Professional Fulfillment

_____ Professional Support (CME)

_____ Work Hours

ANSWERING THESE QUESTIONS DOES NOT GUARANTEE THAT YOUR SITE ASSIGNMENT
OPTIONS WILL MEET THESE CRITERIA. COMMUNITIES WITH GREATEST NEED WILL BE
OUR PRIORITY FOR DETERMINING ASSIGNMENT.

NAME, PERMANENT ADDRESS, AND TELEPHONE NUMBER OF THE PERSON WE CAN
CONTACT IN CASE OF EMERGENCY (E.G., PARENT, RELATIVE, ETC.).

Name

Address

City

State

Zip

Area Code

Phone Number

ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES
RESERVE OR NATIONAL GUARD OR SUBJECT TO "CALL BACK" FOR MILITARY DUTY?

Yes _____ No _____

BY SIGNING THIS FORM, THIS AUTHORIZES THE NHSC TO SHARE THIS INFORMATION
AND YOUR RESUME TO THE SITES FOR YOUR EMPLOYMENT.

Signed _____ Date _____

Please return to: National Health Service Corps

Provider Support Branch
4350 East West Highway, Room 8-4D1
Bethesda, Maryland 20814
Telephone: 1-877-605-5349
Fax: (301) 594-4077
E-Mail: <http://www.bphc.hrsa.dhhs.gov/nhsc/>

TITLE: Professional Training and Information
Questionnaire
AGENCY FORM NUMBERS (S): None
ACTION: Approved
OMB NO.: 0915-0208
EXPIRATION DATE: 09/30/2002

**NATIONAL HEALTH SERVICE CORPS
YEAR 2003 PROFESSIONAL TRAINING AND INFORMATION QUESTIONNAIRE (PTIQ)
SITE SELECTION AND ASSIGNMENT FOR PHYSICIANS AND DENTISTS**

The National Health Service Corps (NHSC), In Service Support Branch, initiates contact with scholars entering the site selection phase. The information you provide will assist us in the site selection and assignment process.

Please print or type

NAME: _____ SSN: _____
Last First Middle Initial

MAILING ADDRESS: _____
Street Apt.#

City State Zip Code

E-MAIL: _____

HOME PHONE: _____ WORK PHONE: _____ PAGER: _____

DISCIPLINE/SPECIALTY: _____

WHEN WILL YOU COMPLETE YOUR RESIDENCY? _____

WHEN WILL YOU TAKE YOUR SPECIALTY BOARD EXAMINATIONS? _____

IN WHAT SPECIALTY? _____

PUBLIC BURDEN STATEMENT

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0208. Public reporting burden for the applicant for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland, 20857.

PAGE 2 - PROFESSIONAL TRAINING AND INFORMATION QUESTIONNAIRE

ARE YOU PRESENTLY HOLDING A PERMANENT PROFESSIONAL LICENSE?

Yes ____ No ____

IN WHAT STATE(S): _____

What, if any, restrictions do you have on your license? _____

INDICATE BELOW THE EXAMINATION(S) THAT YOU HAVE TAKEN AND PASSED, OR THAT YOU PLAN TO TAKE AND THE STATE OF LICENSOR.

EXAMINATION(S)	PLAN TO TAKE MO. AND YR.	PASSED MO. AND YR.	STATE OF LICENSOR
State, Territorial or Regional Boards	_____	_____	_____
U.S. Medical Licensing-Part 1	_____	_____	_____
Part 2	_____	_____	_____
Part 3	_____	_____	_____

NUMBER OF YEARS OBLIGATED: _____

IN WHAT LANGUAGE(S), IN ADDITION TO ENGLISH, ARE YOU PROFICIENT? PLEASE INDICATE THE LEVEL OF PROFICIENCY FOR EACH LANGUAGE.

1 - Elementary Proficiency: Ability to maintain limited face-to-face conversation and to comprehend/read, simple printed material.

2 - General Professional Proficiency: Ability to speak and participate effectively in most formal and informal conversations on professional, practical and social topics; comprehend a variety of materials on unfamiliar topics such as: major medical periodicals, routine correspondence, and general reports.

3 - Functionally Native Proficiency: Reading/verbal proficiency functionally equivalent to that of a well-educated, native reader or speaker.

	1	2	3
_____	_____	_____	_____
_____	_____	_____	_____

IF NONE, ARE YOU WILLING TO LEARN ANOTHER LANGUAGE?

Yes ____ No ____

PAGE 3 - PROFESSIONAL TRAINING AND INFORMATION QUESTIONNAIRE

NHSC SUPPORTS INTERDISCIPLINARY PRACTICE MODELS. HAVE YOU HAD ANY EXPERIENCE? Yes _____ No _____ If yes, explain. _____

NHSC SITE SELECTION AND ASSIGNMENT: To fulfill the NHSC service commitment, scholars must serve in approved vacancies in areas designated as health professional shortage areas (HPSAs), that have been specifically approved by the NHSC as HPSAs of greatest need. These vacancies are identified on the NHSC Approved Practice List.

Scholars that have not matched to a vacancy by the designated deadline will be site assigned based on the NHSC's targeted communities with the greatest needs. In order to assist the NHSC in making these site assignments, please answer the following questions.

IN WHICH SETTING WOULD YOU BE MORE COMFORTABLE?

Urban _____ Rural _____ No Difference _____

PLEASE PRIORITIZE YOUR ASSIGNMENT PREFERENCES TO THE FOLLOWING PROGRAMS.
(1-MOST TO 4-LEAST)

- _____ National Health Service Corps
- _____ Indian Health Service
- _____ Bureau of Prisons
- _____ Immigration Health Services

PLEASE LIST THE MOST IMPORTANT PROFESSIONAL ISSUES CONCERNING YOUR PLACEMENT. (1-MOST TO 6-LEAST)

- _____ Altruism (Caring for Needy Patients)
- _____ Clinical Autonomy
- _____ Pay
- _____ Professional Fulfillment
- _____ Professional Support (CME)
- _____ Work Hours

PAGE 4 - PROFESSIONAL TRAINING AND INFORMATION QUESTIONNAIRE

ANSWERING THESE QUESTIONS DOES NOT GUARANTEE THAT YOUR SITE ASSIGNMENT OPTIONS WILL MEET THESE CRITERIA. COMMUNITIES WITH GREATEST NEED WILL BE OUR PRIORITY FOR DETERMINING ASSIGNMENT.

NAME, PERMANENT ADDRESS, AND TELEPHONE NUMBER OF THE PERSON WE CAN CONTACT IN CASE OF EMERGENCY (E.G., PARENT, RELATIVE, ETC.).

Name	Address			
City	State	Zip	Area Code	Phone Number

ARE YOU CURRENTLY A MEMBER OF ANY BRANCH OF THE UNIFORMED SERVICES RESERVE OR NATIONAL GUARD OR SUBJECT TO "CALL BACK" FOR MILITARY DUTY?
Yes _____ No _____

BY SIGNING THIS FORM, THIS AUTHORIZED THE NHSC TO SHARE THIS INFORMATION AND YOUR RESUME TO THE SITES FOR YOUR EMPLOYMENT.

Signed _____ Date _____

Please return to: National Health Service Corps
Provider Support Branch
4350 East West Highway, Room 8-4D1
Bethesda, Maryland 20814
Telephone: 1-877-605-5349
Fax: (301) 594-4077
E-Mail: <http://www.bphc.hrsa.dhhs.gov/nhsc/>